PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifica	ations.			a) specifying a ne					arate FEE ADDRESS 10	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Fee pap	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
26712	7590	11/21/2008			hav					
HODGSON	RUSS LLP				I he	ereby certify that the	rtificate of Mailing his Fee(s) Transmit	g or I ransi ttal is being	mission g deposited with the United	
THE GUARANTY BUILDING					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
140 PEARL		Irai	nsmitted to the USP	10 (3/1) 2/3-288	5, on the da					
SUITE 100		-				(Depositor's name) (Signature)				
BUFFALO,	NY 14202-404	40			-	•		-	(Date)	
APPLICATION NO.	FILING	DATE I		FIRST NAMED IN	VENITOR		ATTORNEY DOC	WET NO T	CONFIRMATION NO.	
				·						
10/510,926 10/08/2004				Hisaki Kamo 030033.00022 4906						
TITLE OF INVENTION										
SYSTEM	FOR TOPICA	AL NERVE D	IAGNOSIS	S AND NEUR	COAN	ATOMICAL ST	TUDY			
APPLN. TYPE	APPLN. TYPE SMALL ENTITY		ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	YES	!	\$755	5	\$300		\$1055		02/23/2009	
EXAMINER			ART UNIT		CLAS	S-SUBCLASS	1			
PANI, JOHN			3736		600-	00-546000				
1. Change of correspond	2. For printing	printing on the patent front page, list								
CFR 1.363).				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.										
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3						
Number is required.				listed, no name will be printed.						
3. ASSIGNEE NAME A				,,,	-	• /				
PLEASE NOTE: Un recordation as set for	less an assignee is th in 37 CFR 3.11.	identified below, Completion of the	no assignee is form is NO	data will appear of Ta substitute for f	on the pailing an	atent. If an assign assignment.	ee is identified be	low, the do	ocument has been filed for	
(A) NAME OF ASSI	B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Hisaki Kamo				Kyoto	o, Jap	apan				
Please check the appropri	riate assignee categ	ory or categories (will not be pr	inted on the paten	t) : 🗵	Individual 🔲 Co	ornoration or other	private gro	up entity 🖵 Government	
4a. The following fee(s)		v.) v. v. v. go		. Payment of Fee(·		orporation or other	private gree	<u> </u>	
☑ Issue Fee				A check in the amount of the fee(s) is enclosed.						
Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10				Payment by credit card. Form PTO-2038 is attached.						
Advance Order - #	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number									
5. Change in Entity Sta	•	•		n						
a. Applicant claim						ger claiming SMA				
The Director of the USP NOTE: The Issue Fee an interest as shown by the	of Publication Fee (records of the Unit	if required) will ned States Patent an	ot be accepted of Trademark	of from anyone other	er than t	the applicant; a regi	stered attorney or a	agent; or the	e assignee or other party in	
Authorized Signature						Date	February 19, 2	2009		
Typed or printed name Rachel S. Watt						Registration	No. 46,18	6		
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, \ Alexandria, Virginia 223 Under the Paperwork Re	tiality is governed dapplication form ions for reducing the friginia 22313-145 in 1450.	by 35 U.S.C. 122 to the USPTO. T nis burden, should 0. DO NOT SENI	and 37 CFR ime will vary be sent to the D FEES OR C	1.14. This collecti- depending upon t e Chief Informatio COMPLETED FO	on is est the indiven Office RMS TO	timated to take 12 r vidual case. Any co er, U.S. Patent and O THIS ADDRESS	minutes to complet omments on the am Trademark Office, SEND TO: Com	te, including nount of tim , U.S. Depai missioner fo	by the USPTO to process) g gathering, preparing, and it you require to complete trument of Commerce, P.O. or Patents, P.O. Box 1450, number.	